

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**63-048574**

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

6555  
20555

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12 90-0

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USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 161

FILED DEC 26 1963

1. PLACE OF DEATH a. COUNTY <b>Lawrence</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Lawrence</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Monett</b>		c. CITY OR TOWN <b>Monett</b>	
Length of stay in 1b <b>60 yrs.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>home - 1024 8th St.</b>		d. STREET ADDRESS (If outside, give location) <b>1024 8th St.</b>	
3. NAME OF DECEASED (Type or print) First <b>Alfred</b> Middle <b></b> Last <b>Cuendet</b>		4. DATE OF DEATH Month <b>Dec.</b> Day <b>21</b> Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10/27/95</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Grocery Merchant</b>		11. BIRTHPLACE (City and state or country) <b>Barry County, Mo.</b>	
13a. FATHER'S NAME <b>Ami Cuendet</b>		13b. MOTHER'S MAIDEN NAME <b>Charlotte Noverrez</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WW I</b>		17. INFORMANT <b>Mrs. Grace Cuendet, Monett, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary thrombosis</b> DUE TO (b) <b>Coronary disease</b> DUE TO (c) <b></b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b></b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs</b>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
20c. TIME OF INJURY Hour <b></b> a.m. <b></b> p.m. <b></b> Month, Day, Year <b></b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Barry County, Missouri</b>	
21. I attended the deceased from <b>1961</b> to <b>Dec 21-63</b> and last saw her alive on <b>Dec 16-63</b> Death occurred at <b>9:50 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Of decedent or title) <b>Frank H. New MD</b>	
22b. ADDRESS <b>Monett, Mo</b>		22c. DATE SIGNED <b>12-23-63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>12/24/63</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Waldensian Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Barry County, Missouri</b>	
24. FUNERAL DIRECTOR <b>Buchanan Funeral Home, Monett, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>12-23-63</b>	
26. REGISTRAR'S SIGNATURE <b>Mrs P. N. Cook</b>			

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

JAN 7 1964

JAN 17 1964

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*J. R. Buchanan*

Licensed Embalmer No. 3179

P. O. Address Monett, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.